



**SOUTHEAST IOWA LINK (SEIL)  
MENTAL HEALTH AND  
DISABILITY SERVICES REGION**

**DES MOINES, HENRY, JEFFERSON,  
KEOKUK, LEE, LOUISA, VAN BUREN  
& WASHINGTON COUNTIES**

**FY22 ANNUAL SERVICE & BUDGET PLAN**

**SUBMITTED  
4/1/2021**

**GEOGRAPHIC AREA:** *Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Van Buren, Washington*

**APPROVED BY ADULT AND CHILDREN'S ADVISORY COMMITTEES: 3/10/2021**

**APPROVED BY GOVERNING BOARD: 3/10/2021 WITH COUNTY MEMBER CERTIFIED FINANCIAL  
REPORT MATCHING NUMBERS**

## **Table of Contents**

<b>Introduction .....</b>	<b>2</b>
<b>A. Local Access Points .....</b>	<b>2</b>
<b>B. Service Coordination and Targeted Case Management .....</b>	<b>3</b>
<b>C. Crisis Planning.....</b>	<b>3</b>
<b>D. Intensive Mental Health Services.....</b>	<b>5</b>
<b>E. Scope of Services &amp; Budget and Financing Provisions .....</b>	<b>5</b>
Table A. Expenditures .....	6
Table B. Revenues .....	10
Table E. County Levies .....	12
<b>G. Financial Forecasting Measures .....</b>	<b>12</b>
<b>H. Provider Reimbursement Provisions .....</b>	<b>21</b>

## **Introduction**

SEIL was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service (MHDS) Region in compliance with Iowa Code 331.390. The annual service and budget plan is a component of the Management Plan which includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual in compliance with Iowa Administrative Code 441.25.

The FY2022 Annual Service and Budget Plan covers the period of July 1, 2021 to June 30, 2022. The Annual Service and Budget Plan includes local access points, targeted case management providers, crisis services, intensive mental health services, a description of the scope of services to be provided including core services, budget and financial provisions, and provider reimbursement provisions.

Description of any changes in counties in region in fiscal year covered by plan. *(No Changes)*

Description of governing board and advisory committees. (See Appendix A)

## **A. Local Access Points**

An access point is a part of the SEIL service system trained to complete MHDS regional applications for persons with a disability.

SEIL has designated the following access points for adult and children mental health and disability services.

<b>Access Point</b>	<b>Location</b>	<b>Contact Information</b>
Des Moines	910 Cottonwood, Suite 1000, Burlington, IA 52601	319-754-8556
Henry	106 N Jackson St., Suite 102 Mt Pleasant, IA 52641	319-385-4050
Jefferson	Courthouse, 51 E. Briggs Fairfield, IA 52556	641-472-8637
Keokuk	615 South Jefferson St. Sigourney, IA 52591	641-622-2383
Lee	307 Bank St. PO Box 937 Keokuk, IA 52632	319-524-1052
Louisa	503 Franklin St., Suite 1 Wapello, IA 52653	319-523-5125
Van Buren	404 Dodge Street, Courthouse Keosauqua, IA 52565	641-919-6776
Washington	2175 Lexington Blvd. Bldg. #2, PO Box 902, Washington, IA 52353	319-653-7751

## **B. Service Coordination and Targeted Case Management**

The following agencies provide service coordination and/or targeted case management for SEIL.

<b>Service Coordination Provider</b>	<b>Adult/Child/Both</b>	<b>Location</b>	<b>Contact Information</b>
Counseling Associates	Adult	1013 Ave I, Suite 1 Fort Madison, IA 52627	319-372-8045 Fax: 319-372-2459
Hillcrest	Both	218 N 2nd St, Wapello, IA 52653	319-527-4455 Fax: 319-527-4458
Southern Iowa Mental Health Center	Both	605 South 23 <sup>rd</sup> St Fairfield, IA 52556	641-682-8772 Fax: 641-682-1924
Young House Family Services	Child	400 South Broadway St Burlington, IA 52601	319-752-4000 Fax: 319-758-6650
AmeriGroup	Both	4800 Westown Parkway Suite 200 West Des Moines, IA 50266	800-600-4441 Fax: 844-556-6121
Iowa Total Care	Both	1080 Jordan Creek Parkway, Suite 100 South West Des Moines, IA 50266	800-735-2942 Fax: 844-536-2997

## **C. Crisis Planning**

The following accredited crisis services are available to residents of the region for crisis prevention, response and resolution.

### **24 Hour Crisis Response**

<b>Provider</b>	<b>Location</b>	<b>Contact Information</b>
Counseling Associates	1124 Avenue H Ste 2, Fort Madison, IA 52627 1522 Morgan St Keokuk, IA 52632	319-372-7689 319-524-0510
Great River Health System	1221 S Gear Avenue Mercy Plaza Ste 251 West Burlington, IA 52655	319-768-1000
Hillcrest	106 N Jackson, Mount Pleasant, IA 52641 218 N 2 <sup>nd</sup> St Wapello, IA 52653 2175 Lexington Blvd Building 2 Washington, IA 52353	319-385-7177 319-527-5455 319-653-6161
Optimae	301 West Burlington Avenue Fairfield, IA 52556 509 Avenue F Ft. Madison, IA 52627 605 East Winfield Avenue Mt. Pleasant, IA 52641 206 Bank St Keokuk, IA 52632	641-472-5771 319-372-3566 319-385-2830 319-524-5106
River Hills Community Health Center	300 West Kelly St Sigourney, IA 52591	641-224-8061
Southern Iowa Mental Health Center	1527 Albia Rd Ottumwa, IA 52501	641-682-8772

### **24 Hour Crisis Hotline**

<b>Provider</b>	<b>Location</b>	<b>Contact Information</b>
Your Life Iowa	1540 2 <sup>nd</sup> Avenue Southeast Cedar Rapids, IA 52403	Call: 855-581-8111 Text: 855-895-8398

### Crisis Evaluation

Provider	Adult/Child/Both	Location	Contact Information
Community Health Center of Southeastern Iowa	Both	1706 West Agency Rd West Burlington, IA 52655	319-768-5858
Counseling Associates	Both	1124 Avenue H Ste 2, Fort Madison, IA 52627 1522 Morgan St Keokuk, IA 52632	319-372-7689 319-524-0510
Hillcrest	Both	Offices and EDs- Henry County Health Center, Keokuk County Health Center, and Washington County Hospital	319-653-6161
Optimae	Both	Offices and EDs-Ft. Madison Community Hospital, Jefferson County Health Center, Van Buren County Hospital, Unity Point Keokuk	641-472-5771
River Hills Community Health Center	Both	300 West Kelly St Sigourney, IA 52591	641-224-8061
Southern Iowa Mental Health	Both	1527 Albia Rd Ottumwa, IA 52501	641-682-8772

### Mobile Response

Provider	Location	Contact Information

### Crisis Stabilization Community-Based Services

Provider	Adult/Child	Location	Contact Information
American Home Finding	Child	217 East 5 <sup>th</sup> St. Ottumwa, IA 52501	641-682-3449

### Crisis Stabilization Residential Services

Provider	Adult/Child	Location	Contact Information
Hope Haven	Adult	828 North 7 <sup>th</sup> St Burlington, IA 52601	319-209-2066
Southern Iowa Mental Health Center	Adult	1527 Albia Rd Ottumwa, IA 52501	641-682-8772
First Resources	Adult	3001 West Grimes St Fairfield, IA 52556	641-472-7601
Young House Family Services	Child	905 South iris St. Mount Pleasant, IA 52641	319-385-2906
American Home Finding	Child	6941 3 Ashland Road Agency, IA 52530	641-937-5272

### 23-Hour Observation

Provider	Location	Contact Information
Southern Iowa Mental Health Center	1527 Albia Rd Ottumwa, IA 52501	641-682-8772

The SEIL Region will obligate itself to the contractual standards and associated fees of the accredited/licensed/designated service provider's host region for all core crisis services, of which, SEIL does not have an executed contract itself.

## **D. Intensive Mental Health Services**

The region has designated the following provider(s) as an **Access Center** that meet the requirements according to IAC 441—25.6(1) in a coordinated manner in one or more locations:

Provider	Location	Contact Information
Non-designated	Wapello County Southern Iowa Mental Health Center	641-682-8772
Non-designated	Johnson County	

The region has designated the following **Assertive Community Treatment (ACT)** teams which have been designated and meet the requirements in IAC 441—25.6(2).

Provider	Location	Contact Information
UIHC	200 Hawkins Dr. Iowa City IA 52242	319-356-1616
Southern Iowa Mental Health Center	1527 Albia Rd Ottumwa, IA 52501	641-682-8772

The region has designated the following **Subacute** service providers which meet the criteria and are licensed by the Department of Inspections and Appeals.

Provider	Location	Contact Information
Southern Iowa Mental health Center	1527 Albia Rd Ottumwa, IA 52501	641-682-8772

The region has designated the following **Intensive Residential Service** providers which have been designated and meet the requirements in IAC 441—25.6(8):

Provider	Location	Contact Information
No designated providers		

## **E. Scope of Services & Budget and Financing Provisions**

The table below identifies the scope of services offered by SEIL. All core services are available. If there is not funding identified in a core service column, it is because it has not been needed historically. If an individual needs funding for a core service and meets eligibility requirements found in section F of the SEIL policy and procedure manual, funding will be made available. Core services for children's behavioral health are identified by (\*\*) after the service name. Eligibility guidelines for children's behavioral health services are located in section F of the SEIL policy and procedure manual. The policy and procedure manual can be found online at: <https://www.seiowalink.org> or <https://dhs.iowa.gov/mhds-providers/providers-regions/policies-procedures>

The region will utilize braided funding that includes county, regional, state and other funding sources as necessary and available to meet the service needs within the region.

**Table A. Expenditures**

FY 2022 Budget	SEIL MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	Treatment						
42305	Mental health outpatient therapy **	\$ 35,900					\$ 35,900
42306	Medication prescribing & management **	\$ 25,000					\$ 25,000
43301	Assessment, evaluation, and early identification **	\$ 25,000					\$ 25,000
71319	Mental health inpatient therapy-MHI	\$ 564,024					\$ 564,024
73319	Mental health inpatient therapy **	\$ 29,182					\$ 29,182
	Crisis Services						
32322	Personal emergency response system	\$ -					\$ -
44301	Crisis evaluation	\$ 275,148					\$ 275,148
44302	23 hour crisis observation & holding	\$ 481,982					\$ 481,982
44305	24 hour access to crisis response						\$ -
44307	Mobile response **	\$ 585,027					\$ 585,027
44312	Crisis Stabilization community-based services **	\$ 550,000					\$ 550,000
44313	Crisis Stabilization residential services **	\$ 1,341,231					\$ 1,341,231
44396	Access Centers: start-up / sustainability	\$ 60,000					\$ 60,000
	Support for Community Living						
32320	Home health aide						\$ -
32325	Respite						\$ -
32328	Home & vehicle modifications						\$ -
32329	Supported community living	\$ 364,684					\$ 364,684
42329	Intensive residential services	\$ 150,000					\$ 150,000
	Support for Employment						
50362	Prevocational services						\$ -
50364	Job development						\$ -
50367	Day habilitation			\$ 33,606			\$ 33,606
50368	Supported employment	\$ 34,165		\$ 14,655			\$ 48,820
50369	Group Supported employment-enclave	\$ 2,041		\$ 875			\$ 2,916
	Recovery Services						

45323	Family support	\$ -					\$ -
45366	Peer support	\$ 3,256					\$ 3,256
	Service Coordination						
21375	Case management						\$ -
24376	Health homes	\$ 184,217					\$ 184,217
	Sub-Acute Services						
63309	Subacute services-1-5 beds	\$ 20,000					\$ 20,000
64309	Subacute services-6 and over beds						\$ -
	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency	\$ 28,540					\$ 28,540
32396	Supported housing	\$ 42,626					\$ 42,626
42398	Assertive community treatment (ACT)	\$ 4,362					\$ 4,362
45373	Family psychoeducation	\$ 3,733					\$ 3,733
	Core Domains Total	\$ 4,810,118	\$ -	\$ 49,136	\$ -		\$ 4,859,254
Mandated Services							
46319	Oakdale	\$ 10,000					\$ 10,000
72319	State resource centers						\$ -
74XXX	Commitment related (except 301)	\$ 198,151					\$ 198,151
75XXX	Mental health advocate	\$ 165,390					\$ 165,390
	Mandated Services Total	\$ 373,541	\$ -	\$ -	\$ -		\$ 373,541
Additional Core Domains							
	Justice system-involved services						
25xxx	Coordination services	\$ 127,613					\$ 127,613
44346	24 hour crisis line*						\$ -
44366	Warm line*						\$ -
46305	Mental health services in jails						\$ -
46399	Justice system-involved services-other						\$ -
46422	Crisis prevention training	\$ 54,093					\$ 54,093
46425	Mental health court related costs						\$ -
74301	Civil commitment prescreening evaluation						\$ -



	Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers	\$ 904,718	\$ 34,581	\$ 34,581			\$ 973,880
42397	Psychiatric rehabilitation (IPR)						\$ -
	Additional Core Domains Total	\$ 1,086,424	\$ 34,581	\$ 34,581	\$ -		\$ 1,155,586
Other Informational Services							
03371	Information & referral						\$ -
04372	Planning, consultation &/or early intervention (client related) **	\$ 23,380					\$ 23,380
04377	Provider Incentive Payment						\$ -
04399	Consultation Other						\$ -
04429	Planning and Management Consultants (non-client related)	\$ 25,000					\$ 25,000
05373	Public education, prevention and education **	\$ 42,500					\$ 42,500
	Other Informational Services Total	\$ 90,880	\$ -	\$ -	\$ -		\$ 90,880
Community Living Supports							
06399	Academic services						\$ -
22XXX	Services management	\$ 247,367					\$ 247,367
23376	Crisis care coordination						\$ -
23399	Crisis care coordination other						\$ -
24399	Health home other						\$ -
31XXX	Transportation						\$ -
32321	Chore services						\$ -
32326	Guardian/conservator						\$ -
32327	Representative payee						\$ -
32335	CDAC						\$ -
32399	Other support						\$ -
33330	Mobile meals						\$ -
33340	Rent payments (time limited)	\$ 41,187					\$ 41,187
33345	Ongoing rent subsidy						\$ -
33399	Other basic needs						\$ -
41305	Physiological outpatient treatment						\$ -
41306	Prescription meds						\$ -
41307	In-home nursing						\$ -

41308	Health supplies						\$ -
41399	Other physiological treatment						\$ -
42309	Partial hospitalization						\$ -
42310	Transitional living program						\$ -
42363	Day treatment						\$ -
42396	Community support programs						\$ -
42399	Other psychotherapeutic treatment						\$ -
43399	Other non-crisis evaluation						\$ -
44304	Emergency care						\$ -
44399	Other crisis services						\$ -
45399	Other family & peer support						\$ -
46306	Psychiatric medications in jail						\$ -
50361	Vocational skills training						\$ -
50365	Supported education						\$ -
50399	Other vocational & day services						\$ -
63XXX	RCF 1-5 beds (63314, 63315 & 63316)						\$ -
63XXX	ICF 1-5 beds (63317 & 63318)						\$ -
63329	SCL 1-5 beds						\$ -
63399	Other 1-5 beds						\$ -
	Community Living Supports	\$ 288,554	\$ -	\$ -	\$ -		\$ 288,554
Other Congregate Services							
50360	Work services (work activity/sheltered work)						\$ -
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$ 100,985					\$ 100,985
64XXX	ICF 6 and over beds (64317 & 64318)						\$ -
64329	SCL 6 and over beds						\$ -
64399	Other 6 and over beds						\$ -
	Other Congregate Services Total	\$ 100,985	\$ -	\$ -	\$ -		\$ 100,985
Administration							
11XXX	Direct Administration					736,067	\$ 736,067
12XXX	Purchased Administration					67,631	\$ 67,631
	Administration Total					\$ 803,698	\$ 803,698

	Regional Totals	\$ 6,750,502	\$ 34,581	\$ 83,717	\$ -	\$ 803,698	\$ 7,672,498
(45XX-XXX)County Provided Case Management							\$ -
(46XX-XXX)County Provided Services						\$ 423,131	\$ 423,131
	Regional Grand Total						\$ 8,095,629
Transfer Numbers (Expenditures should only be counted when final expenditure is made for services/administration. Transfers are eliminated from budget to show true regional finances)							
13951	Distribution to MHDS regional fiscal agent from member county						\$ 6,017,274
14951	MHDS fiscal agent reimbursement to MHDS regional member county						\$ 91,595
*24 hour crisis line and warm line are transitioning from additional core to state wide core services with state funding.							
**Core services for children with a serious emotional disturbance (SED)							

## Table B. Revenues

FY 2022 Budget	SEIL MHDS Region		
<b>Revenues</b>			
	<b>Projected Fund Balance as of 6/30/21</b>		<b>\$ 3,870,543</b>
	<b>Local/Regional Funds</b>		<b>\$ 7,024,877</b>
10XX	Property Tax Levied	6,204,544	
12XX	Other County Taxes	7,363	
16XX	Utility Tax Replacement Excise Taxes	272,956	
25XX	Other Governmental Revenues	532,514	
4XXX-5XXX	Charges for Services	5,000	
5310	Client Fees	-	
60XX	Interest	-	
6XXX	Use of Money & Property	-	
8XXX	Miscellaneous	2,500	
9040	Other Budgetary Funds (Polk Only)	-	

		-	
	<b>State Funds</b>		<b>\$ 428,909.00</b>
21XX	State Tax Credits	346,098	
22XX	Other State Replacement Credits	82,811	
2250	MHDS Equalization	-	
24XX	State/Federal pass thru Revenue	-	
2644	MHDS Allowed Growth / State Gen. Funds	-	
29XX	Payment in Lieu of taxes	-	
		-	
	<b>Federal Funds</b>		<b>\$ -</b>
2344	Social services block grant	-	
2345	Medicaid	-	
	Other	-	
	<b>Total Revenues</b>		<b>\$ 7,453,786</b>
	<b>Total Funds Available for FY22</b>	<b>\$ 11,324,329</b>	
	<b>FY21 Projected Regional Expenditures</b>	<b>\$ 8,095,629</b>	
	<b>Projected Accrual Fund Balance as of 6/30/22</b>	<b>\$ 3,228,700</b>	

**Table E. County Levies**

County	2019 Est. Pop.	Regional Per Capita	FY22 Max Levy	FY22 Actual Levy	Actual Levy Per Capita
Des Moines	38,967	42.60	1,659,994	\$ 1,659,994	42.60
Henry	19,954	42.60	850,040	\$ 850,040	42.60
Jefferson	18,295	42.60	779,367	\$ 779,367	42.60
Keokuk	10,246	42.60	436,480	\$ 436,480	42.60
Lee	33,657	42.60	1,433,788	\$ 1,423,018	42.28
Louisa	11,035	42.60	470,091	\$ 467,364	42.35
Van Buren	7,044	42.60	300,074	\$ 299,052	42.45
Washington	21,965	42.60	935,709	\$ 908,566	41.36
<b>Total SEIL Region</b>	<b>161,163</b>		<b>6,865,544</b>	<b>6,823,881</b>	<b>42.34</b>

## **G. Financial Forecasting Measures**

The following is a description of the financial forecasting measures used by SEIL in the identification of service need and funding necessary for services.

SEIL uses historical internal accounting and service data from the regions data warehouse and various other queries, in addition to external market and economic indicators from other comparable sources to engage in financial forecasting. FY22 is presenting to be an even more complicated projection than years previous with the impact of the Covid pandemic changing patterns of access to service, decimation of workforce, increased cost of face to face service provision, variance in cost related to tele-connected service (increase in numbers served and decrease in accompanying cost i.e. transportation, coordination, etc.), agencies' capacity to serve existing clients, agencies' inability to grow/develop additional services, etc. The Governor's allocation of Cares Act funds to MHDS Regions on a per capita basis in FY21 was extremely appreciated and useful in attending to unmet Covid related needs of the SEIL MHDS provider network/service and our partner systems. Such an allocation is not anticipated in FY22, however, the repercussions of the pandemic will inevitably continue to play themselves out in FY22. Unlike state government that is allowed a "rainy day fund", MHDS Regions are still obligated to restrict Fund Balance at or below 40% or be subject to levy capacity reduction/financial penalty in the future. The MHDS Regions' ability to project, manage, sustain, grow/develop services and address service needs ongoing, while attending to the mandated financial rules, is extremely

problematic. The MHDS Regions' efforts are complicated further by the Public Health Emergency, which has been concerning at best and devastating at worst to the region level system of care and continuity.

SEIL forges ahead to create continuity in our system of care based off of identified needs in the region with attention to the core mandates ability to address the identified need and financial resources required to initiate service/sustain service. In several instances SEIL has identified that there is not sufficient demand, workforce availability and/or financial viability to create those core mandates within the geography of the Region. SEIL has collaborated with neighboring MHDS Regions to facilitate SEIL residents access to care and financing of core service access. These efforts are not without challenges, as braid funding across multiple regions and the Medicaid systems (including multiple and differing benefit service arrays and rate structures that are currently undetermined) is extremely projective and painstaking work. Forecasting is also much more arduous with the narrow timeframes of multiple new services and service availability. The addition of each new service takes time to acquire accreditation, market, finance/understand braid funding patterns of obligation, reach optimum utilization, and creates residual impact on need and necessity of other complimentary services on the continuum of care.

The target date to accomplish the availability of the new crisis and intensive mental health core services for adults and children's behavioral health core services is July 1, 2021 or before. Just as in the SEIL FY21 Annual Service and Budget Plan, and for the sake of showing the complexity of the system with SEIL successes and impeding obstacles, below is the definition of each of these services and the status of each.

## **ADULT SERVICES**

### **Access Centers**

Means the coordinated provision of intake assessment, screening for multi-occurring conditions, care coordination, crisis stabilization residential services, subacute mental health services, and substance abuse treatment for individuals experiencing a mental health or substance use crisis who do not need inpatient psychiatric hospital treatment, but who do need significant amounts of supports and services not available in other home and community-based settings.

SEIL is proceeding forward to develop key service components of the Access Center within the region to facilitate local access to crisis service. SEIL is contracted with Southern Iowa Community Mental Health Center and has a MOU with South Central Behavioral Health and CROSS MHDS Regions for Access Center Services, as a non-designated center. Conversation continues pertaining to the Johnson County Access Center.

\*Non-eligibility based, braid funding, region pays gap for purpose of access

### **ACT (Assertive Community Treatment)**

Means a program of comprehensive outpatient services consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration, provided in the community and directed toward the amelioration of symptoms and the rehabilitation of behavioral, functional, and social deficits of individuals with severe and persistent mental illness and individuals with complex symptomology who require multiple mental health and supportive services to live in the community.

SEIL has had many discussions in public forum pertaining to ACT services and the value that service component can add to the outpatient system of care/individual continuity of care. As indicated in the year previous, insufficiency in the Southeast Iowa area workforce is an obstacle for development as is the current rate structure of the service to meet all accreditation standards and fidelity measures. Lastly, there is a lack of projected data indicating the number of eligible individuals that may benefit from ACT services in addition and/or as opposed to the services that they are currently accessing. This projected

utilization data must be a joint effort between Regions and MCOs to develop ACT access that is beneficial to complex need individuals, attends to financial and workforce resources, and is effective and sustainable in deriving meaningful outcomes. Beyond the projected qualifying complex needs individuals, consideration must be given to the desire of qualifying individuals in utilizing ACT services to meet their individual needs. SEIL piggy backs on the ECR contract with UIHC for ACT services and based on the region's perspective, it would be most pragmatic to have UIHC expand and/or add additional ACT teams in the SEIL region to address the needs of those that require this comprehensive service to manage their chronic condition. SEIL also contracts with Southern Iowa Mental Health Center for services. Ongoing efforts will be made to expand the geographic footprint of ACT services within the SEIL region.

\*Eligibility based, region start-up, braid funding, region pays gap for purpose of sustainability of a Medicaid funded service because Medicaid does not fully fund cost of service

### **Crisis Stabilization Community Based (CSCB)**

Means the same as defined in rule 441—24.20(225C). “short-term services designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and provided where the individual lives, works or recreates.”

SEIL continues to investigate CSCB for adults and how this service can be implemented in a connected/collaborative manner that provides meaningful continuity of care and financial feasibility/sustainability.

\*Non-eligibility based, braid funding, region pays gap for purpose of access of a Medicaid funded service

### **Crisis Stabilization Residential Based (CSRS)**

Means the same as defined in rule 441—24.20(225C). “short-term alternative living arrangement designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and is provided in organization-arranged settings of no more than 16 beds.”

SEIL has two contracted agencies for adult CSRS. Hope Haven in Burlington is an accredited provider with 5 beds available in their program. First Resources in Fairfield is in process of obtaining their accreditation and also provides 5 beds in their program.

\*Non-eligibility based, braid funding, region pays gap for purpose of access of a Medicaid funded service

### **Subacute**

Means the same as defined in Iowa Code section 225C.6(4)“c” and includes both subacute facility-based services and subacute community-based services. “As used in [this subsection](#), “*subacute mental health services*” means all of the following:

- (1) A comprehensive set of wraparound services for persons who have had or are at imminent risk of having acute or crisis mental health symptoms that do not permit the persons to remain in or threatens removal of the persons from their home and community, but who have been determined by a mental health professional and a licensed health care professional, subject to the professional's scope of practice, not to need inpatient acute

hospital services. For the purposes of this subparagraph, “*mental health professional*” means the same as defined in [section 228.1](#) and “*licensed health care professional*” means a person licensed under [chapter 148](#) to practice medicine and surgery or osteopathic medicine and surgery, an advanced registered nurse practitioner licensed under [chapter 152](#) or [152E](#), or a physician assistant licensed to practice under the supervision of a physician as authorized in [chapters 147](#) and [148C](#).

(2) Intensive, recovery-oriented treatment and monitoring of the person with direct or remote access to a psychiatrist or advanced registered nurse practitioner.

(3) An outcome-focused, interdisciplinary approach designed to return the person to living successfully in the community.

(4) Services that may be provided in a wide array of settings ranging from the person’s home to a facility providing subacute mental health services.

(5) Services that are time limited to not more than ten days or another time period determined in accordance with rules adopted for this purpose.”

SEIL contracts with Southern Iowa Mental Health for their licensed subacute facility services. The initial year of subacute service delivery has been challenging, as it is a service that must be marketed and referring sources must understand how the service works in the continuum of care. Utilization was and continues to be sporadic in FY21. It is anticipated that will remain a challenge in FY22 for a multitude of reasons including: lack of awareness, lack of understanding of the service, factors related to the Covid pandemic, workforce challenges, financing challenges, possible changes in Iowa Code related to the service, law enforcement and judiciary decisions, availability of transportation to and from the facility and population need and want for service,

\*Eligibility based, region start-up, braid funding, region pays gap for purpose of sustainability of a Medicaid funded service because Medicaid does not fully fund cost of service

### **Intensive Residential Service Homes**

Means intensive, community-based services provided 24 hours a day, 7 days a week, 365 days a year to individuals with a severe and persistent mental illness who have functional impairments and may also have multi-occurring conditions. Providers of intensive residential service homes are enrolled with Medicaid as providers of HCBS habilitation or HCBS intellectual disability waiver supported community living *and meet additional criteria specified in sub rule 25.6(8)*.

SEIL has discussed IRSH with stakeholders of the region. SEIL previously identified 17 individuals that were potentially eligible for this level of service however this was prior to the rules being fully executed. The Region CEO Collaborative has had several conversations with DHS and the MCOs related to assessment, level of care, length of time allowable for residence at this level of care, code(s)/rate for service, and ways to braid funding to meet the needs of the provider and the individuals served. Additionally, much effort has been made to figure out the mechanisms for identifying individuals that are eligible and in need of this service. Still, to date, many of these critical points of information and business processes are unknown. As reported last year and the year previous, SEIL feels that it is premature to develop said service without clear understanding



of the required service processes, financing, and mechanics. No IRSH services exist in the state at the time of this report for these exact reasons. SEIL is committed to engaging our current network of providers in the training elements associated with IRSH to identify those providers that have the interest and propensity for this intense level of care to those with very complex individualized needs. On a statewide basis, MHDS Regions are taking to task some of these fundamental trainings to ensure a level of standardization across prospective service providers. SEIL acknowledges IRSH as a legislated core service and intends to pursue a contract with an IRSH accredited provider in the future, yet in a collaborative manner with the critical identified parties including but not limited to DHS/IME, MCOs, service providers, and other MHDS Regions. SEIL firmly believes that sufficient experienced workforce in close proximity to an inpatient unit able and willing to serve complex need individuals with sufficient capacity to serve. Tertiary Care or Intensive Psychiatric Care Units continue to be a missing component of the care continuum that should be made available to the population of individuals that are eligible for intensive services such as IRSH.

\*Eligibility based, region start-up, braid funding, region pays gap for purpose of sustainability of a Medicaid funded service because Medicaid does not fully fund cost of service

### **Mobile Response**

Means the same as defined in rule 441—24.20(225C). “A mental health service which provides on-site, face-to-face mental health crisis services for an individual experiencing a mental health crisis. Crisis response staff providing mobile response have the capacity to intervene wherever the crisis is occurring, including but not limited to the individual’s place of residence, an emergency room, police station, outpatient mental health setting, school, recovery center or any other location where the individual lives, works, attends school, or socializes.”

SEIL has been notified that our current mobile response agency does not intend to continue to provide the service in the SEIL Region beginning July 1, 2021. Covid certainly exacerbated the difficulty in developing, growing, and providing mobile response service, however there were challenges pre-Covid including the limited infrastructure the provider had in region, workforce coverage issues, and the tendency of rural areas underutilizing MHDS service. On the part of the region, the return on investment did not appear to be prudent spending of tax paid funds. SEIL intends to investigate alternate methods of mobile response that may be more suited to the predominantly rural geography of our eight counties and has connectedness/infrastructure already established within the region. All efforts will be made to reestablish mobile response in FY22.

\*Non-eligibility based, braid funding, region pays gap for purpose of access of a Medicaid funded service

### **23 Hour Observation and Holding**

Means the same as defined in rule 441—24.20(225C). “A level of care provided for up to 23 hours in a secure and protected, medically staffed, psychiatrically supervised treatment environment.”

SEIL has contracted for the accredited 23 hour observation and holding service with Southern Iowa Mental health located in Ottumwa. The SEIL region recognizes that access to this service for individuals that reside on the eastern side of the region may have limited access. SEIL continues to have discussions

with stakeholders and providers about 23 hour observation and holding services in general but also more targeted to geographic location, population need, and provider capacity and inclination to provide 23 hour observation and holding services. SEIL has also identified that this service is a key component to access to care for a person so inclined for service as well as a resource to our partners in law enforcement that have limited recourse with individuals they encounter in our communities that appear to be struggling with behavioral health concerns.

\*Non-eligibility based, braid funding, region pays gap for purpose of access of a Medicaid funded service

## CHILDREN SERVICES

### Tier One

#### **Assessment and Evaluation related to eligibility for service**

The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.

SEIL already contracts with our local community mental health center (CMHC) agencies/designated mental health providers for access to care for adults and children in need of assessment and evaluation. This occurs not only in the CMHCs/designated mental health providers, but also in our local EDs when children present. Additional contracts will be added to accommodate increased utilization and to facilitate connectedness to agencies that also provide pediatric IHH services and Behavioral Health Intervention Services (BHIS), both of which are funded through the Medicaid service array.

\*Non-eligibility based, braid funding

#### **Behavioral health outpatient therapy**

Means the same as outpatient services described in Iowa Code section 230A.106(2)"a".

"2. The initial core services identified shall include all of the following:

*a. Outpatient services.* Outpatient services shall consist of evaluation and treatment services provided on an ambulatory basis for the target population. Outpatient services include psychiatric evaluations, medication management, and individual, family, and group therapy. In addition, outpatient services shall include specialized outpatient services directed to the following segments of the target population: children, elderly, individuals who have serious and persistent mental illness, and residents of the service area who have been discharged from inpatient treatment at a mental health facility. Outpatient services shall provide elements of diagnosis, treatment, and appropriate follow-up. The provision of only screening and referral services does not constitute outpatient services."

SEIL already contracts with our local community mental health center agencies/designated mental health providers for access to care for adults and children in need of outpatient service. Additional contracts will be added to accommodate increased utilization and to facilitate connectedness to agencies that also provide pediatric IHH services and BHIS, both of which are funded through the Medicaid/HAWK-I service array.

\*Eligibility based, braid funding, region pays fee for service for pre-authorized service

**Education services**

Means activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's development and functioning.

SEIL is working with local service providers and other disciplines/entities that share common mission to educate the public, families, and children to increase awareness, impart understanding, and offer resources for connectedness and referral. SEIL shall provide four (4) education opportunities at a minimum using various venues and mechanisms to accomplish our education requirements and as directed by our community needs via feedback received from stakeholders, SEIL Advisory committees, and the Governing Board.

\*Non-eligibility based, braid funding

**Medication prescribing and management**

Management means services provided directly to or on behalf of the individual by a licensed professional as authorized by Iowa law including but not limited to, monitoring effectiveness of and compliance with a medication regime; coordination with care providers; investigation potentially negative or unintended psychopharmacologic or medical interactions; review laboratory reports; and activities pursuant to licensed prescriber orders.

Prescribing means services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including but not limited to, determining how medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.

SEIL already contracts with our local community mental health center agencies/designated mental health providers for access to care for adults and children in need of medication prescribing and management. Additional contracts will be added to accommodate increased utilization and to facilitate connectedness to agencies that also provide pediatric IHH services and BHIS, both of which are funded thru the Medicaid/HAWK-I service array.

\*Eligibility based, braid funding, region pays fee for service for pre-authorized service.

**Prevention**

Means efforts to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society. Prevention activities are designed to convey information about the cause of conditions, situations, or problems that interfere with an individual's functioning or ways in which that information can be used to prevent their occurrences or reduce their effect and may include, but are not limited to, training events, webinars, presentations, and public meetings.

SEIL is working with local service providers and other disciplines/entities that share common mission to work on mechanisms for prevention and intervention. Prevention will be made available to the public, families, and children to increase awareness, impart understanding, and offer resources for connectedness and referral. Emphasis will be placed on the effects of trauma and the social determinants of health.

\*Non-eligibility based, braid funding

## **Tier Two (July 1, 2021)**

### **Behavioral health inpatient treatment**

Inpatient psychiatric services to treat an acute psychiatric condition provided in a licensed hospital with a psychiatric unit or a licensed freestanding psychiatric hospital.

Pediatric inpatient utilization for children living in the SEIL region remains a complete unknown except for children that are under a 229 mental health court order, of which the SEIL Region receives notification of order and other corresponding costs associated with the mental health order (i.e. transportation). SEIL is working with knowledgeable partners in identifying how frequently inpatient placement occurs, for what amounts of time, and what are the obstacles and barriers for accessing inpatient services when clinical need has determined the appropriateness of placement.

\*Eligibility based, braid funding, region pays fee for service for pre-authorized service

### **Crisis stabilization community-based services**

Same as adult definition above.

CSCB will be developed in conjunction with other MHDS Regions with attention to availability of specialization embedded in the service. To be noted, CSCB for the pediatric population must attend to family situation and circumstance. Minors are not capable of consenting to service/care. A child in crisis is a family/household in crisis. Special skill sets will need to be a consideration to appropriately manage the service deliverables. An RFP has been let in FY21 from South Central Behavioral Health, Cross, and SEIL to receive applicants able to meet the requirements of CSCB, as well as CSRS, and have the capacity and means to provide this service across the regions. American Home Finding was awarded that RFP and is currently in development stage of crisis stabilization community-based services with opening of service anticipated in FY22.

\*Non-eligibility based, braid funding, region pays gap for purpose of access of a Medicaid funded service

### **Crisis stabilization residential services**

Same as adult definition above.

CSRS will be developed in conjunction with youth shelter services as allowable by code and with consideration of contracted obligation. Much like CSCB for the pediatric population, CSRS must attend to family situation and circumstance as well as academic obligations of the child. Minors are not capable of consenting to service/care. A child in crisis is a family/household in crisis. Many variables must be attended to so that health, safety, and responsibility are addressed in service delivery. An RFP has been let in FY21 from South Central Behavioral Health, Cross, and SEIL to receive applicants able to meet the requirements of CSRS as well as CSCB and have the capacity and means to provide this service across the regions. American Home Finding was awarded that RFP and is currently in development stage of crisis stabilization residential services with opening of service anticipated in FY22. Additionally, SEIL is negotiating with Young House Family Services to provide CSRS in region for all member counties and anticipate contracting and open of service in FY22 also.

\*Non-eligibility based, braid funding, region pays gap for purpose of access of a Medicaid funded service

### **Early identification**

Means the process of detecting developmental delays, mental illness, or untreated conditions that may indicate the need for further evaluation.

SEIL is working with our early childhood experts, AEA, primary care physician, etc. to ensure expeditious identification of potential conditions that may negatively impact pediatric growth and development into a healthy and productive citizen. SEIL is adamant that early intervention is not a standalone service but the entry to a continuum of care that attends to the individualized needs of the child and the family. Our vested partners must know each other and be able to assist the family in navigating next steps as well as access to care. In these situations, the need for active coordination by the parties involved is shared and must be approached from a person centered, whole health, social determinants of health approach with acceptance of care and responsibility to the family. To do anything less is resource and referral which may not be sufficient to meet the needs of the family.

\*Non-eligibility based, braid funding

### **Early intervention**

Means services designed to address the social, emotional, and developmental needs of children at their earliest stages to decrease long-term effects and provide support in meeting developmental milestones.

SEIL is working with our early childhood experts, AEA, community mental health providers, children services agencies, etc. to promote early interventions related to potential conditions that may negatively impact pediatric growth and development into a healthy and productive citizen. Just as mentioned in early identification above, early intervention is a component of a continuum of care. In the SEIL region there are vested partners in addressing early intervention needs across various environments in which children and families are engaged. Active service, acceptance of responsibility, and commitment to communicating/working with other partners to attend to unique needs of the child and family is the obligation to achieve desirable and optimal outcomes/success.

\*Non-eligibility based, braid funding

### **Mobile response**

Same as adult definition above.

SEIL anticipates having mobile response available to children of the region in continuity with the availability of adult mobile response. SEIL has been notified that our current mobile response agency does not intend to continue to provide the service in the SEIL Region. Covid certainly exacerbated the difficulty in developing, growing, and providing mobile response service, however, there were challenges pre-Covid including the limited infrastructure the provider had in region, workforce coverage issues, and the tendency of rural areas underutilizing MHDS service. On the part of the region, the return on investment did not appear to be prudent spending of tax paid funds. SEIL intends to investigate alternate methods of mobile response that may be more suited to the predominantly rural geography of our eight counties and has connectedness/infrastructure already established within the region. All efforts will be made to reestablish mobile response in FY22.

\*Non-eligibility based, braid funding, region pays gap for purpose of access of a Medicaid funded service

Throughout the year, the SEIL Governing Board, Management Team, Adult and Children’s Advisory Committees, Change Agent Team and local stakeholder workgroup will identify unmet needs and priority areas for service improvement and development. Any service development will take into account the needs of the region residents, the availability of resources (financial, capital, provider, and personnel) and legislative action that will have implications for the SEIL strategy in meeting and maintaining the needs of the MHDS population. Furthermore, SEIL is committed to working with other MHDS Regions to ensure continuity in access, transition, and outcome reporting on a region wide as well as statewide aggregate basis.

As can be deduced from the service narrative above, SEIL is mandated to be in growth and development mode with our local partners. As a region we have great concern in the ability to meet the identified core services, maintain all other services that contribute to the full continuum of care and address the need in our communities. These concerns existed prior to the pandemic and presently the pandemic impact has only contributed to the obstacles in service growth and development. Potential financing mechanisms/availability of necessary resources can and will have impact on the work of regions, either for the benefit or the detriment, and the ability to meet the demands of legislated policy.

As identified in years previous SEIL ASBPs, Mental Health and Disability Services must have a certain amount of stability over a longer period of time to ensure market stability, service network sufficiency, outcome derivatives, and gap identification. It is impetuous and irresponsible to mandate expansive service development in such short timeframes knowing that the effectiveness of currently available services should be analyzed as the landscape of need changes every time a new service is introduced to the system.

Contributing to the misunderstandings of how regions function and what services are offered is the issue of “Core”, which was not even in the vernacular of MHDS until 6 years ago when regions were legislated into existence. There are few decision makers that understand the differences between core, additional core, mandated, and what regions consider to be essential services. SEIL has been a proponent for standardization as it makes sense in service delivery for the population of the region in relation to the availability of resources. However, unique needs of regions should be attended to by each region. This is a process that replicates itself in many publicly funded disciplines and venues. Unfortunately, mental health and disability services has seemed to have been placed in the limelight of state level politics for several consecutive years. Many policy bills have been passed over this time period, yet financial prudence of services needed versus services not needed to achieve desirable outcomes with attention to service sustainability has yet to be sufficiently evaluated. This has culminated in regions having variability across the state in fund balance, levy asking, resource availability, service delivery systems, performance measure achievements, and the health and wellness of each region’s populations served. Attention must be given to these issues and SEIL is resolute to educate the public (including legislators) on SEIL Region need and statewide region need, as well as listen to feedback on region system need from the public (including legislators). System development must be attended to collaboratively at the micro and macro level.

## **H. Provider Reimbursement Provisions**

The following is a description of the types of funding used by SEIL.

Each service provider shall provide monthly billing invoices and other information requested of the provider for utilization review. The monthly billings shall include the following information:

- Name and unique identifier of each individual served during the reporting period.
- Number of units of service delivered to each individual served.
- When requested, attendance records.
- Unit rate and total cost of the units provided to each individual co-payment or other charges billed to other sources shown as deductions on the billing.
- Actual amount to be charged to SEIL for each individual for the period.
- The invoice must contain the provider name, address, invoice date, invoice number, and signature.

SEIL staff shall review the billings and additional utilization information in comparison with service funding authorizations in place. Eligibility (pre-authorized) based services billed without service funding authorization shall be deducted from the billing.

SEIL uses a mix of fee-for-service, and capitated case rates for most of its services. It provides per capita contribution for negotiated rates only for specific population based activities where billing by individual served is impossible or impractical. In such cases, SEIL and our provider network ensures that individuals apply for all funding sources prior to accessing regional funding, including private insurance, Medicaid, Medicare and other funding mechanisms which ensure that individuals and their families are able to optimally live, work, and recreate in integrated communities of their choice. These services are identified in contract and are reconciled at the end of the year. Reviews are administrated with the providers of those identified services at the 6th, 9th, and 12th month billings.

SEIL intends to partner with the Department of Human Services/Managed Care Organizations to help incorporate all sources of funding including medical assistance program funding, so that a person can receive benefits conducive to a whole person approach to health and wellness. Attention needs to be given to financing services efficiently by leveraging federal match for all Medical Assistance Program fundable services and also analyzing service utilization to ensure tax paid dollars are being used in a prudent and financially sustainable manner. SEIL would also propose that Medicaid rates for reimbursement be reevaluated to reflect the actual cost of service provision as this has profound impact on service availability and issues pertaining to workforce sufficiency.

SEIL service contracts require that all providers meet all applicable licensure, accreditations, designation, or certification standards; however, SEIL will make serious efforts to stimulate access to more natural supports and/or non-traditional providers in its service provider network. Successful attainment of positive outcomes, individual and family satisfaction, cost effective measures are the most important factors in continued network participation. SEIL has identified access points within each county of the region congruent with the physical location of that county's disability service coordinator to assist individuals or their representatives to apply for services.

APPENDIX A-

SEIL Governing Board

Voting- elected official	Voting- elected official
<p><b>Lee County</b></p> <p>Rick Larkin, Chairman</p> <p>1304 Avenue B,</p> <p>Ft Madison, IA 52627</p> <p>319-470-7744</p> <p><a href="mailto:rickleolarkin@gmail.com">rickleolarkin@gmail.com</a></p> <p>Alternate Ron Fedler</p> <p>933 Avenue H, PO Box 190</p> <p>Ft Madison, IA 52627</p> <p>319-372-6557</p> <p><a href="mailto:rfedler@leecounty.org">rfedler@leecounty.org</a></p>	<p><b>Jefferson County</b></p> <p>Dee Sandquist</p> <p>51 E Briggs,</p> <p>Fairfield, IA 52556</p> <p>641-451-1293</p> <p><a href="mailto:dsandquist@jeffersoncountyiowa.com">dsandquist@jeffersoncountyiowa.com</a></p> <p>Alternate Susie Drish</p> <p>51 E Briggs,</p> <p>Fairfield, IA 52556</p> <p>641-919-3741</p> <p><a href="mailto:susie@jeffersoncountyiowa.com">susie@jeffersoncountyiowa.com</a></p>
<p><b>Washington County</b></p> <p>Jack Seward, Jr, Vice Chair</p> <p>2030 Hemlock Avenue,</p> <p>West Chester, IA 52359</p> <p>319-461-9045</p> <p><a href="mailto:jseward@co.washington.ia.us">jseward@co.washington.ia.us</a></p> <p>Alternate Richard Young</p> <p>PO Box 889, 222 West Main Street</p> <p>Washington, IA 52353</p> <p>319-653-7711</p> <p><a href="mailto:ryoung@co.washington.ia.us">ryoung@co.washington.ia.us</a></p>	<p><b>Keokuk County</b></p> <p>Fred Snakenberg</p> <p>19088 235<sup>th</sup> Ave.,</p> <p>Sigourney, IA 52591</p> <p>641-622-2902</p> <p><a href="mailto:fsnakenberg@keokukcountyiowa.com">fsnakenberg@keokukcountyiowa.com</a></p> <p>Alternate Michael Hadley</p> <p>101 S Main,</p> <p>Sigourney, IA 52591</p> <p>641-622-2901</p>
<p><b>Henry County</b></p> <p>Marc Lindeen, Secretary/Treasurer</p> <p>100 East Washington,</p> <p>Mt Pleasant, IA 52641</p>	<p><b>Louisa County</b></p> <p>Chris Ball</p> <p>8945 Co. Rd. H22,</p> <p>Mediapolis, IA 52637</p>



<p>319-931-0760</p> <p><a href="mailto:supervisors@henrycountyiowa.us">supervisors@henrycountyiowa.us</a></p> <p>Alternate Chad White</p> <p>100 East Washington Street,</p> <p>Mt Pleasant, IA 52641</p> <p>319-931-2802</p> <p><a href="mailto:supervisors@henrycountyiowa.us">supervisors@henrycountyiowa.us</a></p>	<p>319 209 0454</p> <p><a href="mailto:cball@louisacountyia.gov">cball@louisacountyia.gov</a></p> <p>Alternate Randy Griffin</p> <p>13791 Co. Rd. 252,</p> <p>Letts, IA 52754</p> <p>319 850 0815</p> <p><a href="mailto:rgriffin@louisacomm.net">rgriffin@louisacomm.net</a></p>
<p>Des Moines County</p> <p>Tom Broeker</p> <p>513 N. Main,</p> <p>Burlington, IA 52601</p> <p>319-759-1166</p> <p><a href="mailto:broekert@dmcounty.com">broekert@dmcounty.com</a></p> <p>Alternate</p> <p>Vacant</p>	<p>Van Buren County</p> <p>Mark Meek</p> <p>303 First Street,</p> <p>Bonaparte, IA 52620</p> <p>319-931-4322</p> <p><a href="mailto:tugboat@netins.net">tugboat@netins.net</a></p> <p>Alternate Robert Waugh</p> <p>406 Dodge St. PO Box 475,</p> <p>Keosauqua, IA 52565</p> <p>319-293-3129</p>
Voting- non elected official	Voting-non elected official
<p>Adult Individual or Family Representative of person with lived experience- Open</p> <p>Wendy Eland</p> <p>319-931-0036</p>	<p>Parent/Family Representative of child accessing behavioral health services</p> <p>Vacant</p>
	<p>Education Representative of children with SED</p> <p>Mark Schneider</p> <p>PO Box 150,</p> <p>Wellman, IA 52356</p> <p>319-936-8601</p> <p><a href="mailto:mschneider@mphawks.org">mschneider@mphawks.org</a></p>

Ex-officio- non voting	Ex-officio- non voting
<p>Adult Service Provider</p> <p>Bob Bartles</p> <p>828 N. 7<sup>th</sup>,</p> <p>Burlington, IA 52601</p> <p>319-754-5774</p> <p><a href="mailto:bob.bartles@hopehavencorp.com">bob.bartles@hopehavencorp.com</a></p>	<p>Children's Service Provider</p> <p>Rochelle Phelps</p> <p>301 West Burlington Ave.</p> <p>Fairfield, IA 52556</p> <p>641-472-5771</p> <p><a href="mailto:rphelps@optimaelifeservices.com">rphelps@optimaelifeservices.com</a></p>

### Adult Advisory Committee

<b>Person with Lived Experience/Family member of Person with Lived Experience and/or Disability</b>	Wendy Eland Sandy Stever
<b>Adult Service Provider</b>	Tracy Liptak-Optimae Bob Bartles- Hope Haven Christina Schark- Southern Iowa Mental Health Marquise Lewis
<b>SEIL Governing Board</b>	Tom Broeker, Des Moines Co. BOS

### Children's Advisory Committee

<b>Parent/Family Representative of child accessing behavioral health services</b>	
<b>The Education System</b>	Mark Schneider, Superintendent-Mid Prairie Community School District Lori LaFrenz, Principal- Lincoln Elementary Mount Pleasant Cory Johnson, Curriculum Director- Burlington Community School District Linda Boshart, Early Access Regional Liaison/Coordinator- Great Prairie AEA
<b>Early Childhood Advocates</b>	Ginger Knisley- ECI Lee and Van Buren Tasha Beghtol- ECI Des Moines, Henry, Louisa Washington Jamie Beskow, 1 <sup>st</sup> Five HMDI Site Coordinator- Lee Co. Health Dept. Roberta Sloat, 1 <sup>st</sup> Five HMDI Site Coordinator- Washington Co. Public Health Tammy Wetjen-Kesterson- ECI Jefferson and Keokuk/Decat Jefferson, Keokuk, Van Buren, Washington Pat McReynolds- ECI Jen Weidman- Public Health Tamee DeCoursey- Community Action (Early Childhood) Amy Brown- DVIP Advocate
<b>Child Welfare Advocates</b>	Nicole Mann, Eastern Iowa Service Area Decat Director-Scott Co Kids Arlin Jones, Program Coordinator-CPPC
<b>Children's Behavioral Health Service Providers</b>	Sara Butler and Lindsay Korf- Young House Family Services Rochelle Phelps-Optimae Mike Maher- Counseling Associates Kris Rankin- Four Oaks
<b>Juvenile Court System</b>	Amy Huntington-DHS Troy Seeley, JCO 4- JCS 8 <sup>th</sup> Judicial Dist. Carrie Folkerts- SIACC
<b>Pediatrician/Family Practice</b>	Cheryl Jones- Medical Provider
<b>Child Care Provider</b>	Jennifer Rehm- Community Action Head Start Matt Leclere- Head Start
<b>Local Law Enforcement</b>	Bradley Gillis, Mt. Pleasant Police Dept./CIT Trainer
<b>SEIL Governing Board</b>	Jack Seward, Jr. Washington Co. BOS